

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: www.nvsos.gov

Certificate of Change of Principal Office

(PURSUANT TO NRS 87.490)

USE BLACK INK ONLY - DO NOT HIGHLIGHT		ABOVE SPACE IS FOR OFFICE USE ONLY	
1. Name of Regi	stered Limited-Liability Partnership:		
	exact name of the registered limited-liability partnership as list	sted with this office)	
2. The former pr	incipal office of the above registered limited-lia	ability partnershi	p was:
Old Address:			
	Street Address		
		Nevada	
	City		Zip Code
3. The address of changed to:	of the principal office for the above named limi	ted-liability partn	ership is now
New Address:			
	Street Address		
		Nevada	
	City		Zip Code
4. This certificate	e of change takes effect upon filing.		
5. Signature:			
V			
<u>X</u>			
Authorized Signatur	e of Managing Partner	Date	

FEE: \$60.00



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Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
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Customer Order Instructions

Service F	Requested:	Regular	24-Hour Expedite (additional fee included)		
SUBMIT THIS COMPLETED FORM WITH YOUR FILING USE BLACK INK ONLY - DO NOT HIGHLIGHT					
Name of Entity:			Date:		
Return to:					
Contact Name: Return Delivery Hold for Pi	` <u> </u>	edEx: Account #	Phone: Other (explain below)		
Order Description	ON (include items being o	rdered and fee breakdov	/n)*:		
stamped copy order	is office keeps the original ed at the time of filing is at 2.00 per page (plus \$30.00	no charge. Each	Total Amount:		
Method of Paym	nent:		<u></u>		
Check/Mone	y Order	Credit Card (attach	checklist) Trust Account		
Use balance	e remaining in job #				



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2-Hour Expedite Customer Order Instructions

	WITH YOUR FILING USE BLACK INK ONLY - DO NOT HIGHLIGHT
Date:	2-Hour Expedite Service Requested: \$500.00 Fee Included
Return to:	
Address:	
Phone:	
Contact Person:	
Return Delivery (mark one	e): FedEx: Account #
☐ Hold for Pick Up	☐ Mail to Address Above ☐ Other
Confirmation Fax Numl Name of Entity:	
Order Description (inclu	ude items being ordered and fee breakdown)*:
stamped copy ordered at the t	eeps the original paperwork. The first file ime of filing is at no charge. Each Total Amount:
stamped copy ordered at the t	



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1-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Date:	1-Hour Expedite Service Requested: \$1000.00 Fee Included				
Return to:					
Address:					
Phone:					
Contact Person:					
Return Delivery (mark one):	FedEx: Account #				
Hold for Pick Up	Mail to Address Above Other (explain below)				
Confirmation Fax Number: Confirmation E-mail Address: Name of Entity:					
Order Description (include	items being ordered and fee breakdown)*:				
Order Description (include	terns being ordered and ree breakdown).				
* PLEASE NOTE: this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification.) Method of Payment:					
	eCheck/Credit Card (attach checklist) Trust Account				
☐ Use balance remaining	g in job #				



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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



Authorized Signature

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ePayment Checklist (For Counter, Fax and Mail Requests)

Service Type: Counter Mail	Fax	USE BL	ACK INK ONLY - DO NOT HIGHLIGHT			
Order Processing Requested:	(Expedite Proces	sing <i>Requires</i> Addition	al Fees)			
Regular Processing 24-HOUR	Expedite 2-h	IOUR Expedite	1-HOUR Expedite			
Payment by Electronic Check	(account holder nai	ne and address requir	red below)			
Account Type: Checking Routing Number:			e concert			
Savings <u>Account Number:</u>						
	Amour	nt of Electronic Che	eck: USD \$			
Payment by Card (card holder name and billing address required below)						
Card Type: VISA Maste	rCard D	scover Ame	rican Express			
Customer Credit Card Number:			V CODE*			
* 3-digit number found on the fa 4-digit number found on the fr			cards			
NOTICE: For security and verification purpos (VCode) number located on the credit card. It request.	ses, all credit card pay	ments must include the				
Credit Card Expiration Date: Month	Ye	ear				
	Ar	nount to Charge Ca	ard: USD \$			
Order Information (required)						
Entity Name/Order Reference:						
Account/Card Holder Information:						
Name as it Appears on the Account						
Billing Address						
City, State, Zip						
Telephone						
Payment Authorization I authorize the Secretary of State to bill an amaccount(s):	nount not to exceed the	e following to be charged	d to the above listed			
X	,	ot to Exceed Amo	unt: USD \$			